

PATIENT SATISFACTION SURVEY

Our ongoing mission is to continually improve our quality of service and the quality of your experience.

Please help us serve you better by taking a moment to give us your feedback. Feel free to use the "Comments" sections to elaborate on your answers. Thank you.

How would you rate your overall experience with our practice?

Excellent Good Fair Poor

Comments: _____

How pleased were you with our service during your most recent encounter with us?

Very pleased Pleased Neither pleased nor displeased Displeased

Comments: _____

Please rate the following (scale of 1 to 5, with 5 being best):

Telephone Demeanor of Staff 1 2 3 4 5

Convenience of your appointment time 1 2 3 4 5

Greeting Upon Arrival 1 2 3 4 5

Helpfulness of our Staff 1 2 3 4 5

Sensitivity & attentiveness of Doctor 1 2 3 4 5

Explanations provided/Questions answered 1 2 3 4 5

Are you aware that our practice is currently accepting new patients? Yes No

Do you feel positive enough about our practice to refer family or friends? Yes No

Please comment on anything regarding our service that we might do or add to make your future experiences with us even more

positive. _____

Name (Optional): _____ Thank You for your time!